TAYSIDE PRESCRIBER

ADTC Supplement No. 21

New Drug Update December 2002

ADTC Supplement No. 20 provided information on local decisions regarding Scottish Medicines Consortium (SMC) recommendations issued up to and including October 2002. Local decisions were not available concerning the following medicines at this time

Methylphenidate OROS (Concerta XL®)
Insulin glargine (Lantus®)
Tacrolimus ointment (Protopic®)
Drotrecogin alfa (activated) (Xigris®)

Prescribing of the above medicines according to the SMC recommendations has now been endorsed locally through Drug & Therapeutics Committee (D&TC) Chairman's action – further local guidance is given below:

Methylphenidate OROS - Attention Deficit Hyperactivity Disorder (ADHD)

- Concerta XL® is the first prolonged-release formulation of methylphenidate to be marketed in the UK. It allows once daily dosing of this drug.
- Methylphenidate OROS shows similar improvements in ADHD rating scales as methylphenidate immediate release.

Recommended for restricted use.
Treatment with methylphenidate should be part of a comprehensive treatment programme for ADHD when remedial measures alone prove insufficient (under specialist supervision). Because of its substantially greater costs, methylphenidate OROS should be restricted to second-line therapy and used only in exceptional circumstances where the supervising clinician has clear evidence of compliance problems. As for other methylphenidate preparations, initiation should be on the recommendation of a specialist in childhood behaviour disorders.

Consideration should be given to the following:

- Methylphenidate OROS is licensed for treatment of ADHD in children over 6 years.
- A trial of methylphenidate OROS should be considered second-line to the immediate release formulation.
- Clear evidence of compliance problems is defined as a situation where the clinician has reports from the patient, their parent/carer, or the school that poor compliance

with the standard formulation of methylphenidate is leading to increased levels of impairment in academic or social functioning on a regular basis.
- Evidence of compliance problems should be communicated from specialist to prescribing general practitioner.
- The perceived advantages associated with a smoother pharmacokinetic and pharmacodynamic profile of the OROS formulation are as yet unproven in controlled studies.
- Concerns about the diversion of medication may warrant use of the OROS formulation.
- Prescribing of the OROS formulation will be routinely monitored by the Tayside Medicines Unit and the Clinical Directorate notified if use appears to be higher than anticipated according to the above recommendation.
- Refer to SIGN Guideline No. 52 'Attention Deficit and Hyperkinetic Disorders in Children and Young People' for further information on the management of ADHD.

Insulin glargine - diabetes

- Insulin glargine is a long-acting human insulin analogue designed to have a flat release profile to mimic natural insulin release.
- Insulin glargine shows similar efficacy as isophane insulin in terms of glycosylated haemoglobin (HbA_{1c}) levels. A lower incidence of symptomatic nocturnal hypoglycaemia has been demonstrated in some trials.

Recommended for restricted use.
Insulin glargine is an acceptable treatment for patients with diabetes mellitus. Pending further studies, its use should be targeted on patients who are at risk or experience unacceptable frequency and/or severity of nocturnal hypoglycaemia on attempting to achieve better glycaemic control during treatment with established insulins. It is also acceptable as a once daily insulin therapy for patients who require carer administration of their insulin. At present the evidence does not support its routine use in patients with type 2 diabetes unless they suffer from recurrent episodes of hypoglycaemia or require assistance with their insulin injections.

Consideration should be given to following:

- Insulin glargine should be considered second-line to established insulins.
- A trial of insulin glargine is appropriate for patients who are unable to achieve optimal glycaemic control with established insulins due to risk of hypoglycaemia.
- The perceived advantages associated with a longer-acting insulin in patients who are poorly compliant with their insulin therapy are unproven.
- The efficacy and safety of insulin glargine has not been assessed in children.

Tacrolimus ointment – atopic dermatitis (AD)

- Tacrolimus is an immunosuppressant used for many years in the prevention and treatment of organ transplant rejection. A topical formulation, available in 0.03% and 0.1% strengths, has been developed for the treatment of AD.

- Both concentrations of tacrolimus ointment show improvements in AD rating scales compared to 1% hydrocortisone acetate in children. 0.1% tacrolimus ointment shows similar improvements as 0.1% hydrocortisone butyrate in adults.
- Concerns about potential immunosuppression resulting from systemic absorption of tacrolimus have resulted in a restricted licence for second-line use only.

Recommended for restricted use.
Tacrolimus offers a treatment option for adults with AD intolerant of or unresponsive to conventional treatments, and for children aged 2 years or over who are unresponsive to conventional topical therapies. It is a potent immunosuppressant which can be absorbed systemically following topical application, and there are unresolved concerns about possible adverse effects arising from this. Its use should therefore be considered prior to oral therapy when it is deemed that other appropriate options for topical therapy have been exhausted. Its use should be initiated and supervised by dermatologists within secondary care who have experience of treating atopic dermatitis using immunomo-dulatory therapy. In order to facilitate future investigation of long-term effects of the use of tacrolimus ointment, it is advised that a register of recipients should be established and maintained.

Consideration should be given to the following:

- The 0.1% strength ointment is not licensed in children (below 16 years).
- Prescribing of tacrolimus ointment is restricted to secondary care.
- Funding issues associated with the prescribing of tacrolimus ointment are being taken forward by the Specialist Services Group.
- A protocol clarifying patient criteria for use and monitoring requirements is under development.

Drotrecogin alfa (activated) – severe sepsis

- Drotretrogin alfa (activated) is a recombinant form of human activated protein C. It has similar properties to the endogenous protein. The majority of patients with sepsis have reduced levels of endogenous activated protein C.
- Drotrecogin alfa (activated) shows significantly reduced mortality versus placebo in patients with sepsis-induced dysfunction of >1 failing organ/system and in patients with an Acute Physiology and Chronic Health Evaluation (APACHE) II score >25.

Recommended for restricted use.
Drotrecogin alfa (activated) is a significant advance in the treatment of patients with severe sepsis with multiple organ failure. It supplements the existing treatment strategies of infection eradication and support for failing organs/systems. When added to the best standard care of patients with severe sepsis it significantly reduces mortality in the most severely ill patients i.e. those with more than one new failing organ/system and/or those with an APACHE II score >25. A register of recipients of this treatment should be established and maintained to provide additional information about its effectiveness and safety in the clinical setting.

Consideration should be given to the following:

- Drotrecogin alfa (activated) is restricted to secondary care.
- Guidelines for the use of recombinant human protein C (activated) have been developed by the Scottish Intensive Care Society (SICS). These are available from the SICS website (www.scottishintensivecare.org.uk)
- A business case to address funding is currently under development by the Critical Care Group.

November/December SMC recommendations

SMC recommendations were issued regarding the following medicines in November/ December:

Bexarotene (Targretin®)	- skin manifestations of advanced stage CTCL
Omega-3-acid ethyl esters (Omacor®)	- post MI
	- hypertriglyceridemia
Escitalopram (Cipralex®)	- depression
Fondaparinux (Arixtra®)	- venous thromboembolism
Tiotropium (Spiriva®)	- chronic obstructive pulmonary disease
FemSeven Sequi®	- combined sequential HRT
Valganciclovir (Valcyte®)	- AIDs
Risperidone (Risperdal Consta®)	- schizophrenia

Further information can be found on the SMC website www.scottishmedicines.org.uk. under 'Work Programme'. **The above medicines should not be prescribed until a decision on local implementation has been made.** Refer to ADTC Supplement No.20 for advice on situations of compelling clinical need. Details of local decisions concerning the above medicines will be issued shortly.

Forthcoming SMC assessments

A list of forthcoming assessments is now available on the SMC website, the SMC anticipates these products will be considered over the next two to three months – this list can be found under 'Work Programme' as above.

Contact details

Local implementation of SMC recommendations is being taken forward by the Tayside Medicines Unit – contact Jan Jones, Pharmaceutical Prescribing Adviser (jan.jones@tpct.scot.nhs.uk) if you have any queries in relation to the introduction of new drugs within NHS Tayside

Comments on other matters to be raised with the Area Drug & Therapeutics Committee should be sent to Doreen Wilkie, Pharmacy Department, Ninewells Hospital. **doreen.wilkie@tuht.scot.nhs.uk**